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TWICE?
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USE YOUR HEDRIN**

NOW, ONCE
IS ALL IT TAKES

C+D



In the firing line

EXCLUSIVE: Threatened. Assaulted. Robbed.
Welcome to life as a London pharmacist page 6

**CPD
ZONE**

Six of the best pharmacy services page 12

UNDERSTANDING THE SEVEN TYPES OF DEMENTIA page 15

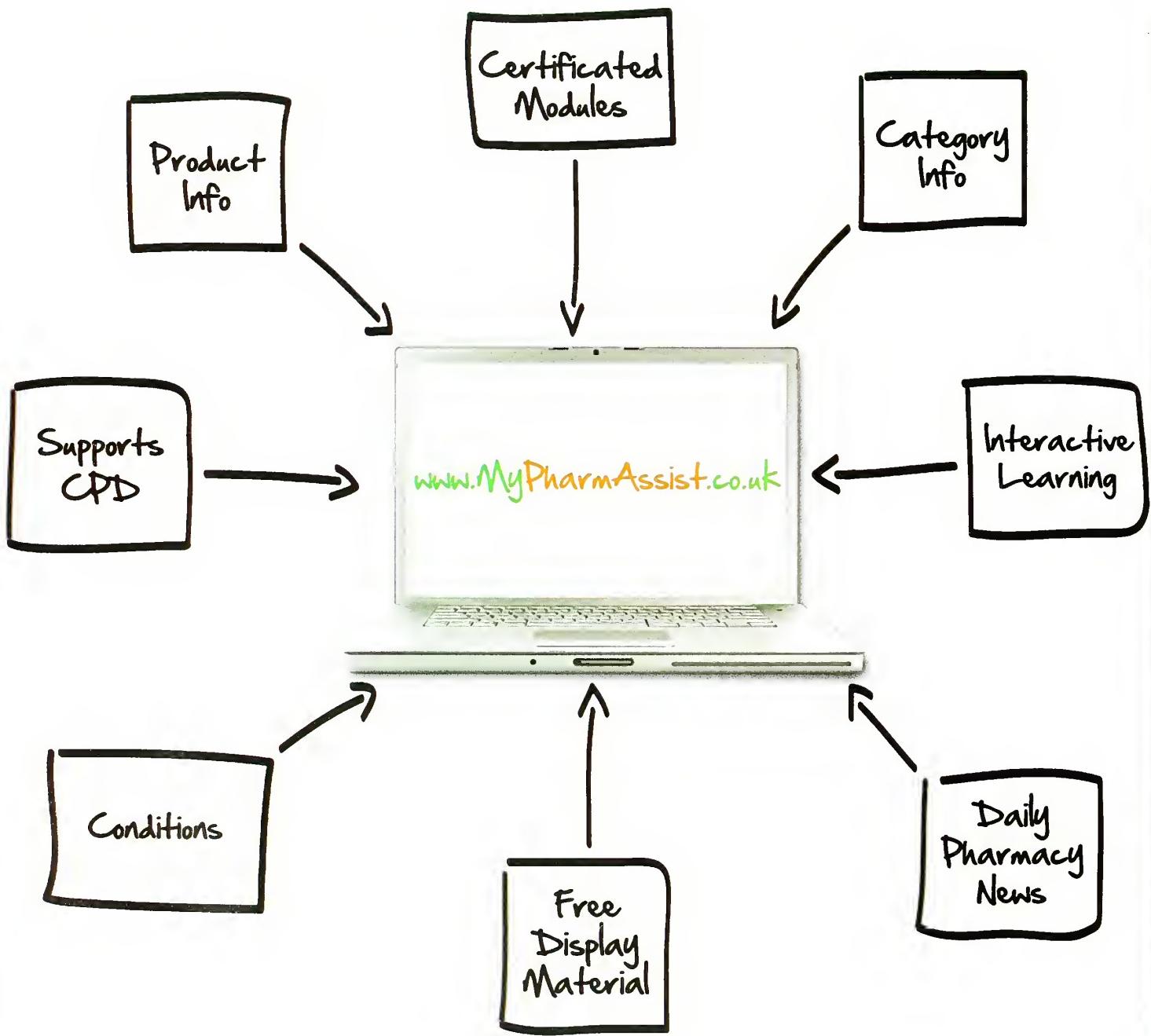
The award-winning Star Trek pharmacy page 18

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MyPharmAssist.co.uk

The Online Pharmacy Community



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THE LEVEL OF
PROTECTION
CURRENTLY
OFFERED TO
GRASSROOTS
PHARMACISTS BY
THE NHS IS
SHAMEFUL ,

'Pharmacist shot dead in drugs raid'. Thank the lucky stars this headline doesn't appear in this week's C+D, but unless we act soon, the tragic loss of a colleague to crime is only a matter of time.

Our exposé on crime against London pharmacists this week hammers home the desperate dangers facing frontline staff (p6). Pharmacists were hit by an offence every 36 hours in the capital last year. Threatened with knives and guns – life as a London pharmacist sounds more like belonging to the Krays' gang than an esteemed healthcare profession.

Mercifully, none of the 116 violent attacks against pharmacists were fatal. But, with armed hoodlums frantic to get drugs and cash, the worst case scenario is only a slip of the trigger away. Nothing will banish the threat completely. But, the level of protection currently offered to grassroots pharmacists by the NHS is shameful.

Pharmacists are simply not on the radar of the NHS Security Management Service – established to protect health staff from violence and abuse.

When contacted by C+D this week, the organisation said private businesses like community pharmacies were outside its remit and the priority was to look after NHS staff.

Hang on a minute. Your typical pharmacist spends 95 per cent of their day on NHS business. That's time spent dispensing life saving medicines or preventing a fatal

asthma attack by teaching the correct inhaler technique. And when pharmacists or their premises come under attack it's mostly related to an NHS service.

Criminals don't ram raid pharmacies to nab lollipops and Lucozade. They're after CDs like methadone or diazepam provided as a core service by pharmacists to the NHS. Pharmacists work late, often alone and vulnerable to attack, to ensure patients get convenient access to healthcare.

Yet we're still viewed as kings of capitalism by the NHS. Largely the problem is of our own making. The sector has been too meek in demanding the security support we deserve. The NHS has been allowed to classify security as a pharmacy employer's issue.

Indeed, many national multiples offer impressive crime fighting measures like panic buttons, security mirrors and CCTV. But, your level of safety shouldn't depend solely on which company colours you wear. All pharmacists should receive the same essential crime fighting advice and conflict resolution training their primary care colleagues enjoy.

It's great Andrew Lansley rates pharmacy as an integral part of improving health care under his white paper reforms. However, our terms must be clear. Yes, Mr Lansley, we'd love to do much more, but under the proviso we're treated as a valued member of the NHS family, not a distant cousin.

Max Gosney, News Editor

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London pharmacists fall victim to violence and theft in crime wave

EXCLUSIVE C+D reveals pharmacists targeted by criminals over 200 times in a year

Chris Chapman
chris.chapman@ubm.com

Pharmacists were targeted by criminals over 200 times in London alone last year, with crimes including assault, armed robbery and sexual offences, C+D can reveal.

A total of 217 incidents of theft or violence were reported in pharmacies across the capital in 2009, including 116 incidences of violence and six robberies, four using either a gun or a knife. Two sexual offences were also reported although nobody was harmed.

The statistics – obtained by C+D from the Metropolitan Police under the Freedom of Information Act – revealed 34 people were hurt in crimes at pharmacies, with three classed by police as suffering 'moderate' injuries. Pharmacies were most likely to be attacked between 2-3pm and 5-6pm, with January and February the peak months.

The 116 incidents of violent crime include 69 cases of common assault or assault with injury, 41 cases of harassment and six accounts of violence with an offensive weapon.

The most common crime was burglary, with 91 cases reported.

However, less than a third of cases resulted in criminal proceedings and only 51 people were charged. Seven youth warnings, three fixed penalties



and one caution were issued.

Mukesh Waghela, who was partially blinded by an acid attack outside his Wagpharm pharmacy in Stratford last year, called on pharmacy bodies to take action.

He said: "The people at the top of our profession should be kicking up a bigger stink. It's all very well saying you have to provide services, but if this is how people treat you... the police need to do something."

Mr Waghela said his eyesight was still blurry and he still needed painkillers following the attack on

March 30 last year.

According to the police, hotspots for business robberies in London include Hammersmith and Fulham, Lambeth, Westminster, Islington, Newham and Waltham Forest.

Crimes classed as violent were most common in Westminster, Southwark and Tower Hamlets.

Read the full findings from our crime FOI

www.chemistanddruggist.co.uk

Your views

"I'm gobsmacked. These figures are incredible – and what's more incredible is that someone in my position wasn't aware of the problem." **David Kent, chief executive, Camden and Islington LPC**



"These figures are alarming and for each one there is a human cost. No-one should have to experience events such as violence or robbery in their workplace." **Lindsey Gilpin, chair, English Pharmacy Board**



"Employers are responsible for the safety of their staff and we would expect them to ensure that the working environment is as secure as possible." **Jignesh Patel, Rohpharm pharmacy, Plaistow**



"Minor crimes are happening on a regular basis, such as shoplifting to abuse. We've had a clear-up process in the area with gangs, because of the Olympics – Newham could be a different story. But it's worrying." **Jignesh Patel, Rohpharm pharmacy, Plaistow**

"Lloydspharmacy use a range of measures to try to minimise the risk of serious offences taking place such as the use of manned guarding, alarm monitoring which enables panic alarms to be installed, CCTV installation, and local police initiatives." **Alan Ledbrook, national loss prevention manager, Lloydspharmacy**

Find out how to fight crime at your pharmacy

www.tinyurl.com/pharmacycrime

Pharmacists demand equality with GPs on crime protection

Pharmacists and professional bodies have united to call for protection equal to GPs in defending themselves, following C+D's report on crime across the capital.

General practice surgeries have been given free security in some areas, while pharmacies were missing out, leaving them open to attack from criminals, pharmacists have reported.

Jignesh Patel, whose Rohpharm pharmacy in Plaistow was held up at gunpoint in 2008, said pharmacists were just as vulnerable

as GPs, but lacked the same level of protection.

He said: "We don't get the same amount of support as GPs. They get security equipment and training free of charge. They have CCTV inside and outside."

PDA chairman John Murphy said the NHS did "not look on pharmacy as its responsibility" when it came to crime prevention.

He also urged pharmacy employers to take steps to improve security.

"Employers have a duty of care

and must do risk assessments," Mr Murphy said.

The two largest multiples, Boots and Lloydspharmacy, said their security measures included security guards, CCTV and staff training.

NHS London was asked to comment but had not responded as C+D went to press.



Pharmacy flu vaccines get vote of confidence

Majority of patients would return to pharmacy for further jabs

Ninety per cent of patients receiving a flu vaccination in pharmacy last year would return this year and use the pharmacy for other vaccinations, a Novartis Vaccines survey of 2,692 patients has found.

And thirty seven per cent of patients said they would not have had the flu jab if the pharmacy had not been offering the service.

Novartis Vaccines said it was very encouraged by the survey results and that it viewed pharmacy as playing a key role within the wider primary care team delivering flu vaccinations.

The company said it showed the effort invested in the scheme by both Novartis Vaccines and pharmacists was "paying-off by creating a professional service which patients/customers are impressed with".

Graham Thoms, market development manager UK at Novartis, said he hoped the success

of the service would help persuade PCTs to commission pharmacists to deliver NHS vaccines for patients. "That would be fantastic for public health," he said.

Over 100,000 vaccinations have now been carried out by retail pharmacy partners operating under the Novartis Vaccines In-Pharmacy Flu Vaccination Programme. Around two thirds of pharmacies involved are multiple branches, with the remainder being independents.

PSNC said the survey figures represented "an overwhelming vote of confidence" in the sector's capacity to provide the crucial flu vaccination service.

The committee added: "In dealing with seasonal flu, pharmacists consistently demonstrate that they are go-to providers in periods of strain – qualified, increasingly professional, and able to provide personalised support at the very heart of their communities." ZS

Novartis flu jab survey results

90%
of patients would return to the pharmacy for a flu vaccine

37%
wouldn't have been vaccinated if pharmacy hadn't offered it

100,000+
of patients vaccinated weren't eligible for free NHS vaccines

200,000+
of patients visited the pharmacy purely for the vaccine

In brief

Pharmacy unites

Top pharmacy bodies, including PSNC, the CCA, the RPSGB and the NPA have held a meeting to identify common goals and encourage co-operative working. In a statement the pharmacy bodies said that the meeting had focused on the importance of setting out a common and aspirational vision for pharmacy.

NCSO endorsement

The Department of Health and National Assembly for Wales have agreed to allow NCSO endorsements for gabapentin 100mg capsules and gabapentin 300mg capsules for August 2010 prescriptions.

NPSA heparin advice

A patient's weight must be known and documented before a low molecular weight heparin is used, the National Patient Safety Agency has advised. The warning follows 2,716 reported patient safety incidents between January 2005 and September 2009, including one death and three reports of severe harm.

Sainsbury's responds

Sainsbury's has responded to concerns from C+D readers about the supermarket's vending machine pilot. Read the full response at www.chemistanddruggist.co.uk/news.

Shortages continue

PSNC has added cialis 20mg tablets and travatan 40 microgram/ml eye drops to its list of products pharmacies have reported having difficulty obtaining. PSNC asked pharmacists to continue to report problems to the committee.

Lloyds ad cleared

The Advertising Standards Authority has overturned complaints about a Lloydspharmacy TV ad campaign for blood pressure monitors. The complaints arose because the ad's voiceover claimed that checking your blood pressure regularly at home "can help control it".

Wayward pay for scripts still a problem

Pharmacies are still being paid incorrectly by the NHS Prescription Services despite saying they are complying with new sorting arrangements brought in earlier this year to resolve the problem.

The new sorting requirements began from April, but contractors told C+D they were still seeing errors in their payments despite separating out expensive items as directed.

One London contractor said where a patient had presented two prescriptions in a month because she was going on holiday, NHS Prescription Services had paid him for only the first script.

Another pharmacist said he had not been paid for some expensive items worth more than £500 each.

Umesh Modi, a specialist

Levene, said: "This is simply not good enough. I had one client email me that, having asked for a review of payments since April for his small group of pharmacies, he was told that he was underpaid by some £1,000."

NHS Prescription Services said early indications suggested the new process for pricing expensive items was "working well, with raised levels of accuracy being seen". However, they warned the new process would not remove pricing errors entirely. ZS

Top pharmacy services showcased

Read the London Dossier page 12

Ex health boss at C+D show



Former secretary of state for health Alan Milburn is among the headline acts at this year's C+D Conference.

Mr Milburn, now with Lloydspharmacy, will join a host of industry heavyweights including the PSNC and RPSGB chief executives at the event in Birmingham's NEC on October 10 and 11.

Speakers will look to identify the big wins for pharmacy under Andrew Lansley's white paper and give the inside track on stat comms.

All sessions count towards your CPD. Sign up to attend at www.chemistanddruggist/thepharmacyshow

Dispensary talk

Are prescription machines good or bad for pharmacy?



"They are a bad thing as there is no possibility of good advice tailored to the patient. It also takes the pharmacist out of the loop."

**Kevin Western, Day Lewis,
Coggeshall, Essex**



"It is definitely a bad thing as it pushes the pharmacist away from the patient, and we are trying to engage them more with pharmacy services."

**Gulab Chauhan, Malvern
Pharmacies Group, Malvern**

Web verdict

Good 12%



Good 88%



Armchair view: Pharmacists are convinced Sainsbury's move to install pharmacy vending machines is not a good move, with nearly nine out of 10 respondents reporting they think they are a bad idea.

Next week's question:

Have you been security trained?
www.chemistanddruggist.co.uk

Five fall foul of Society's call and review system

EXCLUSIVE RPSGB refuses to name pharmacists who breached CPD

Max Gosney

max.gosney@ubm.com

The RPSGB has refused to name the five pharmacists referred to its Investigating Committee (IC) for breaching CPD standards.

But C+D can reveal that the first case will be heard next month.

The revelation comes after a C+D freedom of information request found the registrants were due before the IC after falling foul of the call and review programme.

The RPSGB declined to give further details of the pharmacists over fears of legal action.

None have consented for the



Pharmacists are given six weeks to submit CPD for call and review assessment

disclosure of personal information and the RPSGB stated that it did not believe doing so was in the public interest.

C+D can reveal that the first case will be held on September 7. The other four have yet to get a hearing date.

In total 34 pharmacists have been referred to the Society's fitness to practise department since the

launch of Call and Review last summer, C+D found.

The five were referred for further investigation after either failing to respond to a letter from the chief inspector or responding but refusing to accept the advice.

Call and review gives pharmacists six weeks to demonstrate CPD entries for each of the past five years.

Clinical debate

C+D's Chris Chapman looks at the evidence behind the headlines

Thumbs up for pharmacy CDs



Last week, the Care Quality Commission (CQC) reported on how pharmacies are managing controlled drugs (CDs). The findings give pharmacy a glowing reference.

There were 3,543 CD monitoring visits by the RPSGB in 2009, the report says, and "most community pharmacies visited demonstrated safe management of controlled drugs." The report

praised the number of pharmacists keeping a running balance in registers and said destruction of stock was "managed well overall".

Pharmacists' advanced roles were recognised, too: pharmacist CD prescribing was up 54 per cent, with methadone prescribing more than doubling to 2,307 items per year.

But it wasn't all good news. According to the CQC, there were 17 'commencement of investigation' disclosures, 47 complaints regarding CDs in pharmacies (15 cases were one-off dispensing errors managed through the non-referral process), and 82 Society investigations involving CDs.

That said, the report highlighted an increase in self-reporting of incidents by pharmacists in 2009, comparing favourably with the "little evidence of self-reporting by other health care professionals".

The CQC also recognises problems

all pharmacists face. "Dose, instalment amount and intervals were not always being stated on FP10MDA prescriptions," the report said, also mentioning prescribers missing off wording on instalments allowing supply of remaining quantity. As the report says, "this placed pharmacists in a difficult position".

Despite these challenges, hard work has paid off. Pharmacists are recognised as worthy custodians of CDs – with recognition, reward is sure to follow.

To discuss this subject in private with your pharmacy colleagues, join the debate in C+D's LinkedIn group at www.linkedin.com/search/results/all/?keywords=Chemist+and+Druggist.

Chat with Chris on Twitter: www.twitter.com/CandDChris

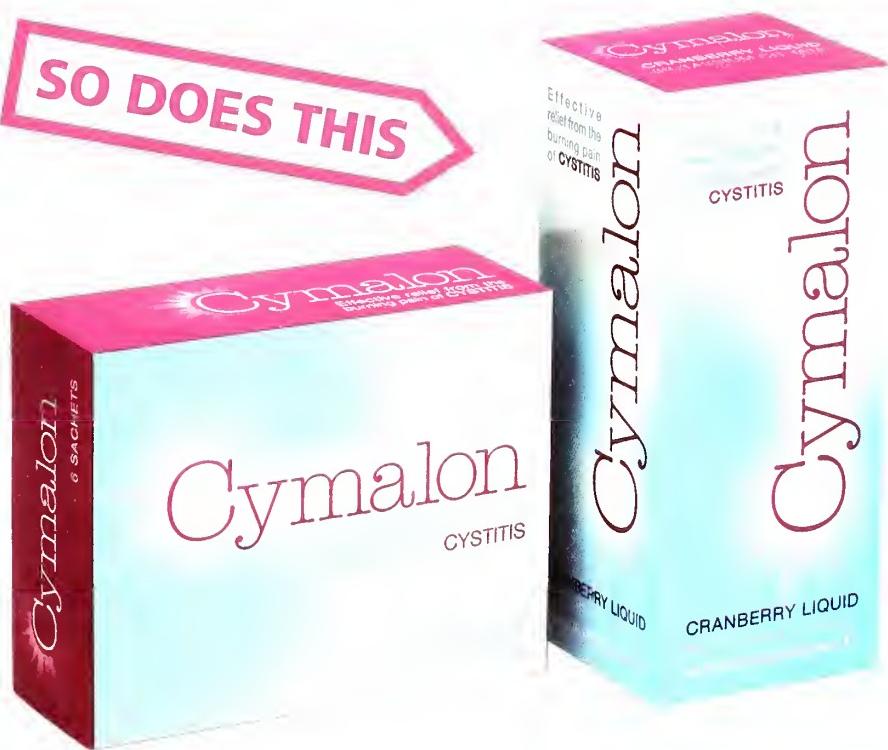
**General
Pharmaceutical
Council**

**6
WEEKS
TO GO**

**Working towards a new body
for pharmacy regulation**

YOU UNDERSTAND
WHAT SUFFERERS
ARE GOING
THROUGH

SO DOES THIS



A new advertising campaign backed by a six-figure media spend
will mean more women asking for Cymalon.

Make sure you recommend the brand that understands
what sufferers are going through.

Ensure you're fully stocked-up today and ready to talk to your customers about Cymalon.

For further information about Cymalon, visit www.cymalon.co.uk.

Canesten range gets makeover for shelf 'stand out' boost



Bayer Healthcare has announced new packaging across its Canesten antifungal range.

From this month, the brand features an updated logo, to ensure consistency and shelf 'stand out', according to the company.

Product-specific changes have

also been made, with a more feminine range of colours and cleaner graphics across Canesten thrush products, Bayer says.

Redesigned graphics for Canesten Hydrocortisone aim to emphasise its triple action properties, the manufacturer

adds, being anti-inflammatory, antibacterial and antifungal.

Prices: from £1.99

Pip codes: See C+D Monthly Price

List or www.cddata.co.uk

Ceuta Healthcare

Tel: 01202 780 558

Market focus

- The thrush market is worth £41.4 million.

- Canesten has a three-quarters (75 per cent) share of the thrush market.

Source: Nielson MAT 52 weeks to April 17, 2010

£500,000 campaign for Retardex oral hygiene

Periproducts has launched its first ever national television campaign for its Retardex oral hygiene range.

The £500,000 campaign focuses on the brand's oral rinse and "aims to challenge consumers' purchasing habits, helping them to make a more informed choice about the oral hygiene products

that they buy", the company says.

The campaign is being aired throughout August on Channel 4, E4, More 4 and Film 4, and targets 35-year-old-plus females.

Under the strapline 'refreshingly, reassuringly different', it highlights that the product contains no alcohol, sweeteners or colourings.

Prices:

Oral rinse £7.95/500ml,
£4.99/250ml

Pip codes:

252-1789; 272-7857

Periproducts

www.periproducts.co.uk

Tel: 020 8868 1500

On TV next week

Nicorette change

Johnson & Johnson has announced changes in product indication and dosing regimen for Nicorette Inhalator. The SPC, updated for information on lung disease, pregnancy and weight control, is available at <http://tinyurl.com/nicoretteinhalatorspc>.

KY Jelly sterile Rx pack

KY Jelly Sterile has been launched in a new prescription pack, Johnson & Johnson has said. The product is available to order from pharmacy wholesale.

Prices: £1.48/42g, £2.33/82g (trade)

Pip codes: 015-1035, 015-1043

Magicool: GMTV, ITV, Five

Magicool Plus: GMTV, ITV, Five

Panadol: All areas

Savlon: All areas

Retardex: C4

PharmaSite for next week: Zirtek – windows, Zirtek – in-store, Zirtek – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Abbreviated Prescribing Information for Dovobet® 50 microgram/g + 0.5 mg/g Ointment

Indications: Treatment of stable plaque psoriasis vulgaris amenable to topical therapy. Active ingredients: 50 µg/g calcipotriol (as hydrate) and 500 µg/g betamethasone (as dipropionate). **Dosage and Administration:** Apply once daily. Recommended treatment period is 4 weeks. After this period repeated treatment can be initiated under medical supervision. Maximum dose should not exceed 15g/day and 100g/week. Treated area should not be more than 30% of body surface. Not recommended for use in people under 18 years. **Contra-indications:** Hypersensitivity to any constituents. Patients with known calcium metabolism disorders. Viral skin lesions, fungal or bacterial skin infections, parasitic infections, skin manifestations in relation to tuberculosis or syphilis, rosacea, perioral dermatitis, acne vulgaris, atrophic skin, striae atrophicae, fragility of skin veins, ichthyosis, acne rosacea, ulcers, wounds, perianal and genital pruritis. Guttae, erythrodermic, exfoliative or pustular psoriasis. Severe renal insufficiency or severe hepatic disorders. **Precautions and Warnings:** Avoid inadvertent transfer to scalp, face, mouth and eyes. Wash hands after applying. Avoid concurrent treatment with other steroids. Adrenocortical suppression or impact on the metabolic control of diabetes mellitus may occur. Avoid application on large areas of damaged skin, under occlusive dressings or on mucous membranes or skin folds. Skin of the face or genitals should be treated with weaker corticosteroids. There may be a risk of generalised pustular psoriasis. With long-term use there is an increased risk of undesirable local and systemic corticosteroid effects in which case treatment should be discontinued. There may be a risk of rebound when discontinuing treatment. No experience of use on scalp. No experience of concurrent use with other antipsoriatic products or with phototherapy. Physicians are recommended to advise patients to limit or avoid excessive exposure to natural or artificial sunlight. Use with UV radiation only if the physician and patient consider that the potential benefits outweigh the potential risks. **Use in Pregnancy and Lactation:** Only use in pregnancy when potential benefit justifies potential risks. Caution when prescribed for women who breast feed. Instruct patient not to use on breast when breast feeding. **Side Effects:** Pruritis, rash, burning sensation of skin. Additional undesirable effects observed for calcipotriol and betamethasone: Calcipotriol: application site reactions, skin irritation, burning and stinging sensation, dry skin, erythema, dermatitis, eczema, psoriasis aggravated, photosensitivity and hypersensitivity reactions including very rare cases of angioedema and facial oedema. Hypercalcaemia or hypercalcification may appear very rarely. Betamethasone: local reactions, especially during prolonged application including skin atrophy, telangiectasia, striae, folliculitis, hypertrichosis, perioral dermatitis, allergic contact dermatitis, depigmentation, increase of intraocular pressure, cataract, colloid milia, generalised pustular psoriasis, infections. Systemic effects occur more frequently when applied under occlusion, on skin folds, to large areas and long term treatment. **Legal Category:** POM Product Licence Number and Holder: 05293/0003. LEO Pharmaceutical Products, Ballerup, Denmark. **Basic NHS Price:** £32.99/60g, £61.27/120g. Last revised: March 2010.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Drug Safety at LEO Pharma by calling 01844 347333.

Further information can be found in the Summary of Product Characteristics or from: LEO Pharma, Longwick Road, Princes Risborough, Buckinghamshire, HP27 9RR.

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Date of preparation: July 2010 1008/10763

**CPD
ZONE**

How to make the most of the
£25 million head lice market

See Category Focus on page 21



Psoriasis Treatment advice for pharmacists Feel it. Treat it. Control it.¹

Now is the time when patients may feel more self-aware about their psoriasis, as clothing switches to summer fashions.

Consequently, more people may be seeking advice from healthcare professionals about how best to treat their condition.

POOR PATIENT COMPLIANCE

49% of patients with psoriasis do not fully comply with their treatment², so it's important to recommend a therapy that patients can believe in when they feel their condition flare up.

EFFECTIVE TREATMENT CAN HELP

Once daily DOVOBET® has been shown to deliver fast and effective psoriasis therapy.¹ In fact, DOVOBET® is more effective than either a steroid alone[†] or calcipotriol alone^{1†}, helping to build confidence, encourage patient compliance and ultimately promote treatment success.³

DOVOBET® is well tolerated⁴ and under medical supervision can be used for treatment beyond 4 weeks as required.

PHARMACY HELP AND ADVICE



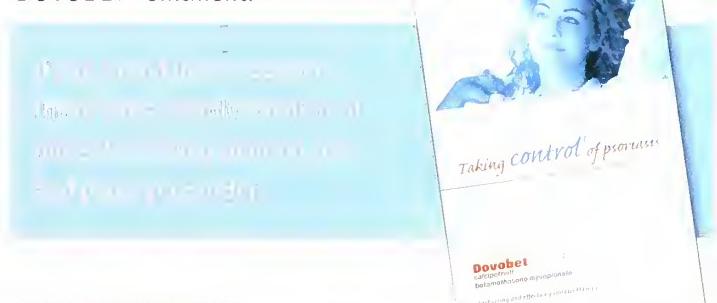
Before treatment*



After 6 days treatment
with DOVOBET®*

B.A.D guidelines encourage a greater patient involvement with their treatment plan.⁵ Doctors are therefore advised to review their new patients after 4 weeks to assess progress and ensure that patients correctly understand how and when to use their treatment.

To help with this process, LEO has produced a patient information pad that GPs and pharmacists can use when a patient has been prescribed DOVOBET® ointment.



HELP TO MANAGE PSORIASIS IN THE COMMUNITY

It has been shown that when used 1st and 2nd line, DOVOBET® can also help reduce the need for secondary intervention (referrals, phototherapy, systemic therapies and biologics), with potential savings of more than £55,000 for an average general practice over 2 years.**⁶

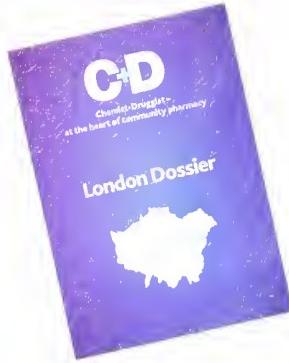
With recommended use of emollients in-between flare-ups, good advice and effective treatment can help control psoriasis in the community.



Dovobet®

Fast and effective psoriasis therapy¹





The C+D London Dossier

Following a government report that praised pharmacy services in London, **Chris Chapman** and **Hannah Flynn** set out across the capital to reveal the best services the metropolis has to offer

Name
Nisha Patel
Pharmacy
**Lloydspharmacy,
Teddington Memorial
Hospital, SW11**
PCT
Richmond and Twickenham
Service
Smoking cessation for community, hospital and prison patients
What is the service?

"It's a smoking cessation service. It involves six sessions. We give the patient some counselling, the options – including nicotine replacement therapy – and take a carbon monoxide reading and decide their quit date. From there they come in for subsequent sessions. We give them counselling and a carbon monoxide reading to check they're not smoking."

What population do you serve?

"This area is quite affluent, there's a lot of young professionals. There is also quite an elderly population."

What could pharmacy do in the future?

"I think pharmacies could have a massive impact. In the future services we will provide here include alcohol services, to spread education of the risk of how much patients are drinking. There are health checks as well, where we check blood pressure, cholesterol and weight and exercise. All of these can be put together to check their risk for heart disease. And there's weight management as well. I think pharmacy can have a massive impact on improving health, and in disease prevention, in the future."


Name
Cuthbert Chirinda
Pharmacy
**Ridgeway Pharmacy,
Walworth Road, SE17**
PCT
Southwark
C+D delivered its showcase of the capital's pharmacy services to Mayor of London Boris Johnson
Service
Contraceptive pill without a prescription, emergency hormonal contraception and chlamydia testing
What is the service?

"The pilot for oral contraception without prescription for all women between 16 and 50. We're one of two pharmacies in the south of England offering the service. We also give emergency hormonal contraception to all women under 30, do chlamydia screening and treatment for under 24s and give out condoms for under 24s."

What population do you serve?

"Southwark is well known to be one of the boroughs where we have one of the highest teenage pregnancies, and a lot of sexually transmitted infections. This pilot could go a long way to alleviate the situation."

What could pharmacy do in the future?

"Pharmacy can offer a lot. Pharmacy has been under-utilised for a long time. We're capable and well-trained people and we can offer a lot of services, taking the weight off GPs so they can offer something else."

Name
Angela Chalmers
Pharmacy
Boots, Oxford Street, W1
PCT
Westminster
Service
Comprehensive weight loss programme
What is the service?

"We offer all customers a one-to-one discussion with a pharmacist about their weight loss. They have to have a specific BMI to be eligible, and we do a free consultation to assess the patient and make sure they are happy and want to go ahead. Customers are quite surprised at what's involved because it's a comprehensive service. Obviously there's one-to-one advice and motivation, then there's the weight loss medication, and the BMI measurements, and we check a patient's blood pressure and glucose to make sure there are no problems."

What population do you serve?

"It's varied. I remember when we launched the service I had a 19-year-old boy, up to one of the local doctors who referred his type 2 diabetic patients. We even had a lady fly over from Dublin. It's varied – both sexes, all ethnicities."

What could pharmacy do in the future?

"We can do amazing things, we shouldn't place a limit on that. Pharmacies are really well-placed. We're at the front, we speak to customers and patients every day, and we know what they want and come in and ask for. And with the new white paper, pharmacists have a great opportunity to get involved with commissioning."

Meet the London Dossier pharmacists and find out how they deliver their innovative health services

www.chemistanddruggist.co.uk



Name

Amardeep Hara

Pharmacy

Assura Pharmacy, Theydon Road, Clapton, E5

PCT

Hackney & City



Name

Prakash Mahtani

Pharmacy

Warwick Pharmacy, Warwick Way, Victoria, SW1

PCT

Westminster



View from the top

"Pharmacies have an important role to play in serving the needs of the local community. Increasingly the services they offer go beyond dispensing prescriptions and selling aspirins."

**Boris Johnson,
Mayor of London**

"Pharmacies are available in the heart of many communities. People really value the services they get from pharmacists and their teams."

"We need to really convince commissioners to commission more services from pharmacy, in particular public health services."

Jonathan Mason, national clinical director for primary care and community pharmacy, Department of Health



Service

Minor ailments service

What kind of service do you offer?

"At the moment we are doing Pharmacy First, which is the [minor] ailment scheme we are doing for customers. Sometimes customers come in and want to buy something over the counter, but then they say it is expensive and that they are going to go and see the doctor for the item. Now we tell them there is a thing called Pharmacy First. You can go to your doctor, get the pink card and get it registered here."

What kind of community do you serve?

"It is mixed - I am not going to say it is poor, it is not rich, it is both."

What can pharmacy offer healthcare?

"We are open most of the time and you have to make an appointment to see most doctors, whereas they can come into the pharmacy and the pharmacist is always there."

Service

HPV vaccination

What kind of service do you offer?

"At the moment we offer the HPV vaccine as a service. It is restricted to patients with GPs in Westminster as it is a Westminster project and it applies to 16- to 18-year-old girls. Now, they may have had their first vaccine at school because they were offered it there before and they can come and get their second and third doses from here. Or if they left school at 16 and they haven't had any at all they can come to us for the three-course vaccine. Their GP is informed of that so their records are updated there. That's why they have to be Westminster-registered patients."

"I thought it would initially be very difficult, but we have had a lot of response from people coming in from the schools to us now as all the local schools have been given a list of pharmacies which provide the service. When parents have daughters who haven't had the HPV vaccine, it is recommended to them that they come to the pharmacy if they wish to have it."

"After the Jade Goody incident the issues have been very, very much in the limelight so we have had a very good response."

What kind of community do you serve?

"Westminster is slightly unique in that we have a huge spectrum of the population from the very wealthy and those are on the breadline as well, and people who are homeless. This is in reference to my substance misuse clients who have no fixed abode and they are also serviced in the same way as any other patients."

"In terms of ethnicity we have all ethnic populations living in Westminster."

Service

TB medication service, HIV medication service

What kind of service do you offer?

"We offer a TB medication service. Up until now the service was only done through the TB clinics on a week-to-week basis or a day-to-day basis. Patients waited for hours on end to have their appointment done, and then have to come back so it wasted a lot of time. By having it in a community pharmacy it's convenient to them."

"They come in, we have a five- to 10-minute assessment, go through any side effects, check they are taking the medication correctly and, if there are no issues, their medication is given to them and they come back the following week."

"If there are problems we have got a direct link to the TB nurses and the lead chest physician so we can actually talk to them and say, 'This patient is having problems with this, they are having lots of side effects and not taking it properly. What are the next steps?'

"The nurses are very good, the next day they come back with the prescription and drop it into us directly, so it improves the service."

What kind of community do you serve?

"It is very cosmopolitan, to be honest. The vast majority is Afro-Caribbean and there is the Bangladeshi and South Asian population. I think it is about 40 per cent to 50 per cent. The rest is Eastern European and white Caucasian."

"Because of the demographics there is a higher proportion of TB because of the HIV patients who come from the Afro-Caribbean continents, and a lot of the Asian population are living in sheltered homes, with a lot of people living in one house, and they have a lot more cases as well."

Taking a wrong turn chasing the money



"PEOPLE WILL ALWAYS BE ILL,
THEY WILL ALWAYS NEED
PRESCRIPTIONS, AND
PRESCRIPTIONS MEAN PROFIT"

You often hear the expression "You need a sense of humour to do this job" and of any profession, it's got to be true of pharmacy. If I couldn't drive home listening to the Radio 4 comedy shows, I'd be ringing the Listening Friends pharmacy helpline every night – juggling the phone in one hand and an empty bottle of wine in the other.

So, being familiar with the tousle-haired chap that currently occupies the role of Mayor of London, I was pleasantly surprised to read about his insightful assessment of pharmacy in last week's C+D.

And it seems Boris Johnson may have a better understanding of our value than Sainsbury's, Superdrug, and even some in our professional bodies. At a time when Sainsbury's are installing prescription vending machines, and Superdrug are scrapping the mark up on private prescriptions, according to Boris we have an important role serving the needs of the community that goes beyond dispensing and selling aspirin. Discerning stuff, and I might be impressed if I hadn't got a sneaking suspicion that his PA read the executive summary of the C+D London Dossier, and told him what to say.

But so what if Boris is impressed – he can't increase my practice allowance. So who can? Maybe Andrew Lansley – he said pharmacists are an underused asset who will play an integral part in improving healthcare under the new white paper – but will he protect these underused

assets? And Sue Sharpe told of a service around long term conditions – but didn't promise that it would bring enough return to pay my bills. And will the 'stop remote supervision' candidates also be 'stop remote dispensing' now they're elected?

I showed the article to Mrs Xrayser who snorted, and gave her own insightful assessment – "It's all bloody pointless. Script volume has increased over 60 per cent since we took on Xrayser pharmacy, but has our income gone up 60 per cent? No – we've struggled to keep it what it is. Everybody talks about services, but the smart people chase scripts."

So maybe the reason the income of Sainsbury's and Superdrug is a damn sight more than ours is because they have realised that while PCTs and their LES and other bitty services come and go, people will always be ill – they will always need prescriptions – and prescriptions mean profit.

But with my lofty clinical ideals, my altruistic professional naivety, and my nose to the grindstone, I had failed to see that I've been chasing the wrong thing.

Do your clinical ideals conflict with the need for profit?

haveoursay@chemistanddruggist.co.uk

Will cessation service go first class?

Stopping smoking, dull as this old message might be, remains key to reducing health inequalities specifically, and improving public health generally. Pharmacy smoking cessation services are accessible and popular and more importantly are making an impact as part of the Northern Ireland tobacco control strategy.

I have put much time and effort into our smoking cessation service and now we gain the rewards as the service is central to our business development.

An effective smoking cessation service comprises behavioural support plus, where necessary, effective pharmacotherapy. Illogically, when launched, the NI pharmacy smoking cessation service did not include pharmacotherapy; we had to send the patient to the GP for a script which often failed to materialise as the GP imprisoned the quitter into his service and took the fee. This was remedied in 2007 with

the availability of NRT and the service flourished; now most cessation attempts happen through community pharmacy and our four-week cessation rate is impressive. Yet we are unable to supply other effective agents; varenicline or bupropion, and this makes ours a second class service compared to the service run by GPs. It is also contrary to current NICE guidance.

So I was encouraged by news that DHSSPS is setting up a pilot to see how these cessation aids might be made available through pharmacy. I have always argued that pharmacists trained to provide the service should be able to supply both varenicline and bupropion via a patient group directive (PGD), but DHSSPS does not see it this way and their pilot scheme will involve independent prescribers only.

I understand DHSSPS's position on a PGD and where this prescribing tool should sit within non-medical prescribing. They see a PGD as

applicable only to emergency situations where a proper patient assessment cannot be undertaken such as in the supply of anti-virals during a flu pandemic. The death rate from smoking makes last year's pandemic flu look a non-event.

Yes, I appreciate the significant safety issues linked to prescribing medicines that have considerable ADR potential, but smoking cessation has such an impact on public health that it is important that all pharmacist smoking cessation providers have access to all effective smoking cessation aids.

In this pilot, why not consider a PGD to run in parallel with independent prescribers supply?

Would varenicline and bupropion supply help your pharmacy service?

haveoursay@chemistanddruggist.co.uk



"THE DEATH RATE FROM SMOKING MAKES LAST YEAR'S PANDEMIC FLU LOOK A NON-EVENT"

Update

Your weekly CPD revision guide

60-second summary

This CPD article will help inform discussions you may have with patients with confirmed or who have a suspected diagnosis of dementia, and their carers. It will be followed by a second article next week outlining the management of the condition.

What causes dementia?

Alzheimer's disease accounts for about 40 per cent of dementia cases. Vascular dementia is the second most common cause and occurs as a result of stroke or multiple infarctions, or to damage to small blood vessels deep in the brain. Dementia with Lewy bodies (DLB) accounts for around 4 per cent of all cases of dementia in older people.

What are the key risk factors for dementia?

Age is the most significant risk factor: one in five people over 80 years old have dementia. Women are slightly more likely to develop Alzheimer's disease than men, but vascular dementia seems to be more common in men – mid-life obesity is linked to a higher risk of dementia in later life. Head injuries are also implicated.

How often is dementia reversible?

Between 10 and 20 per cent of dementias are due to reversible conditions; these should be excluded as a first step in management.

Dementia: part 1

The symptoms, consequences and diagnosis of dementia

Steve Titmarsh MRPharmS

Dementia strikes fear into many. It leaves its victims a shell of their former selves, and renders them unable to recognise their nearest and dearest. Their families often eventually find they hardly recognise their loved one, and can often be tormented by bizarre behaviour in what often seems a cruel and lingering demise.

It is arguable that dementia carers suffer as much as the patients. Wives and partners may see all manner of uncharacteristic behaviours, sometimes abusive, from a person who no longer recognises them or even remembers them being part of their life.

"Dementia results in a progressive decline in multiple areas of function, including memory, reasoning, communication skills and the ability to carry out daily activities," says the Government's dementia strategy.

"Alongside the cognitive decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which complicate care and can occur at any stage of the illness. Family carers of people with dementia may be old and frail themselves, and experience high levels of depression and physical illness, and a diminished quality of life. Dementia is a terminal condition but people can live with it for seven to 12 years after diagnosis."¹

End of life care for people with dementia is one of the biggest challenges facing society, in terms of providing and resourcing adequate services. The numbers needing those services continue to rise, as dementia is primarily a disease of an aging population.

The Dementia 2010 report published by the Alzheimer's Society and researchers at the University of Oxford argue that dementia directly afflicts 820,000 people in the UK² and touches the lives of many more people than this. "The economists may say dementia costs £23 billion; the true social impact is incalculable," it says. Dementia costs the UK twice as much as cancer, three times as much as heart disease and four times as much as stroke.

Types of dementia

A range of diseases cause dementia. The most common is Alzheimer's disease which affects about 40 per cent of those with dementia. The cause is not precisely known but a characteristic feature seen in the brains of people diagnosed with Alzheimer's is the presence of amyloid plaques and neurofibrillary tangles, which are thought to contribute to the destruction of nerve

cells in the brain leading to loss of function and associated symptoms.

Vascular dementia is the second most common form of dementia and is caused by damage to the vascular system. It can occur as a result of a stroke, and is known as single-infarct dementia when caused by a single stroke, or multi-infarct dementia when resulting from a series of small strokes.

People should always go to their doctor if they experience sudden symptoms, such as slurred speech, weakness on one side of the body, or blurred vision – even if only temporarily. The cause may be a transient ischaemic attack (TIA) due to a temporary interruption in the brain's blood supply. If left untreated, TIAs can lead to permanent damage.³

Another form of vascular dementia arises from damage to the small blood vessels deep in the brain, also known as sub-cortical vascular dementia or, in a severe form, Binswanger's disease.

Both types of vascular dementia can occur together with Alzheimer's disease; this is known as mixed dementia.³

Dementia with Lewy bodies (DLB) has similarities to Alzheimer's and Parkinson's diseases. It accounts for around 4 per cent of all cases of dementia in older people.³

The main feature of DLB is progressive cognitive decline, together with three characteristic features: marked fluctuations in alertness and attention, such as frequent drowsiness, lethargy, lengthy periods spent staring into space, or disorganized speech; recurrent visual hallucinations, and parkinsonian motor symptoms such as rigidity and the loss of spontaneous movement. There may also be depression.

The symptoms of DLB are caused by the build-up of Lewy bodies – accumulated pieces of alpha-synuclein protein – inside the nuclei of neurons in areas of the brain associated with aspects of memory and motor control.⁴

Other, rarer forms of dementia include: fronto-temporal dementia, in which personality and behavioural changes are more prominent than memory loss; Korsakoff's syndrome, usually associated with heavy drinking over a long time which, although not strictly a dementia, can involve loss of short term memory, and Creutzfeldt-Jakob disease (CJD).³

Risk factors

Age is the most significant risk factor for dementia: one in 50 people between the ages of 65 and 70 years has some form of dementia,



GENUS PHARMACEUTICALS

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compared with one in five people over 80 years old. Women are slightly more likely to develop Alzheimer's disease than men. However, vascular dementia seems to be more common in men than women, possibly because common risk factors for vascular dementia, such as heart problems and high blood pressure, affect more men than women.

Genetics appears to play a part in some types of dementia: including, Huntington's disease, familial Alzheimer's disease (a rare form of Alzheimer's disease) and Niemann-Pick Type C disease.³

Specific medical conditions can increase the chances of developing dementia, including multiple sclerosis, Huntington's disease, Down's syndrome and HIV. Also, people with cardiovascular disease may be at higher risk of vascular dementia: mid-life obesity is also linked to a higher risk of dementia in later life,⁵ and severe or repeated head injuries increase the risk of developing dementia three-to-four-fold.³

A recent study published in the British Medical Journal indicates that reducing the rates of depression and diabetes could reduce the incidence of dementia.⁶ Researchers in France and the UK followed a group of just over 1,400 people aged 65 years and older recruited from the community in Montpellier in the south of France between 1999 and 2001. They underwent cognitive testing at two, four and seven years for signs of mild cognitive impairment (considered by some to be a precursor of dementia) or dementia.

The researchers found that higher levels of intellectual activity reduced the incidence of mild cognitive impairment or dementia by 18.1 per cent; eliminating depression and diabetes and eating more fruit and vegetables were estimated to reduce the incidence of dementia by almost 21 per cent. If older people with depression could be successfully treated then there could be a 10 per cent reduction in the number of new cases of dementia over seven years, the researchers calculated. That could have a significant impact on the number of people expected to develop dementia over the next few years.

Diagnosis

Around 10 to 20 per cent of dementias are caused by potentially reversible conditions; and these need to be excluded before diagnosing dementia. GPs may be further encouraged to do just that by a new quality and outcomes framework (QOF) indicator for 2011-12 to identify people with treatable causes of dementia, announced by Nice.⁸

Dementia may be suspected if relatives are worried about a person's memory or behaviour, but the person themselves is not, or if the person suspected of having dementia or someone who knows them well notices new or deteriorating symptoms relating to cognition (eg memory problems, difficulty understanding words); challenging behaviour (eg disinhibition, aggression, wandering); personality (eg irritable, suspicious, fearful); psychiatric problems (eg depression, anxiety, psychoses); neurological disorders (eg problems with walking); or difficulties with day-to-day activities (eg getting lost, neglecting self care).

None of these symptoms or signs will specifically indicate a person has dementia: more specialist testing of cognition and function has to be done to confirm the diagnosis.



One in five patients over 80 years have dementia with women more likely to develop Alzheimer's disease

Differential diagnosis

Dementia needs to be distinguished from:

Normal ageing Cognitive function naturally becomes a little worse as people age. In dementia, however, impairment is more severe and all encompassing, with clinically significant disability. Memory problems are common, especially if a person also has a physical illness or is stressed. Someone who knows the person with suspected dementia well can give a history of progressive decline (suggesting early Alzheimer's disease) or say if stress or anxiety might be responsible for symptoms that can help decide whether dementia should be suspected.

Mild cognitive impairment If a person with mild cognitive impairment notices memory problems, these should ideally be confirmed by someone who knows them well. There is no impairment of daily activities life or social and occupational functioning in mild cognitive impairment, and general cognition is not affected.

Depression Depression is common, treatable and can present with features similar to those of dementia, and is a significant risk factor for developing dementia.

In comparison with dementia, depressive symptoms may appear more quickly - over a few weeks or months - while dementia symptoms may have been present for several months by the time the person sees a healthcare professional.

Depression can occur with dementia, and if both are new diagnoses, depression should usually be treated before dementia.

Delirium/acute confused state Delirium (also known as acute confusional state) is common and

treatable. Symptoms appear relatively quickly (over a few hours or days) and are often worse at night, with increased confusion, disorientation and emotional disturbance. Patients also complain of paranoia and hallucinations.

Chest infection, urinary tract infection, drug side effects, biochemical imbalance and alcohol withdrawal can result in delirium.

Delirium and dementia can occur together, and if both are new diagnoses, it is usual for delirium to be treated before dementia.

Parkinson's disease versus Lewy body dementia Patients with dementia caused by Parkinson's disease may be on one end of a spectrum that has DLB at the other.

By convention, Parkinson's disease dementia is diagnosed if motor symptoms appear more than 12 months before cognitive symptoms.

Tests

Routine investigations to exclude other conditions include: full blood count; urea, electrolytes, calcium, glucose, liver and thyroid tests; serum vitamin B₁₂, and folate levels.

Non-routine investigations done in some situations include: mid-stream urine culture for urinary tract infection; chest radiography for chest infection; serology to exclude syphilis or HIV and electrocardiography (ECG) for cardiovascular problems.

Brain imaging is done when people are referred for diagnosis and subtyping of dementia.

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Steve Titmarsh MRPharmS is a former editor of the journal *Progress in Neurology and Psychiatry*

NEXT WEEK

The second part of our dementia series looks at management and treatment options



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Dementia: part 1

How does Alzheimer's disease cause dementia? What are the main features of dementia with Lewy bodies? What cognitive symptoms might a person with dementia exhibit?

This article describes the different types of dementia including Alzheimer's disease, vascular dementia and dementia with Lewy bodies. It includes information about risk factors, symptoms, diagnosis and differential diagnosis.

- Find out more about the different types of dementia from the Alzheimer's Society website including Alzheimer's disease, vascular and fronto-temporal dementia, DLB, Korsakoff's syndrome and CJD at <http://tinyurl.com/dementia1>.
- Read more about memory loss and dementia on the Patient UK website at <http://tinyurl.com/dementia2>.
- Find out more about diagnosing dementia from the Clinical Knowledge Summaries (CKS) website at <http://tinyurl.com/dementia4>. Read about the mini mental state examination and the General Practitioner's Assessment of Cognition Score Test on the Patient UK website at <http://tinyurl.com/dementia5>.
- Read about drugs that may cause confusion on the CKS website at <http://tinyurl.com/dementia6>.

Are you now familiar with the different types of dementia and their causes? Do you know the risk factors and symptoms? Are you confident in your knowledge of how dementia is diagnosed?

Relevant

Relevant

Act

Practical Approach

Can you be sued for a lack of duty of care?



David Spencer, pharmacist at the Update Pharmacy, receives a call from the manager of a residential nursing care home for which he provides a dispensing service.

"An issue has arisen here", the manager says, "and I'm afraid you've been implicated."

"You had better tell me all about it then," David replies.

The manager goes on: "It concerns Mrs Kramer. She's been here for five years and has heart failure. A couple of weeks ago she showed signs of weakness and confusion and was

admitted to hospital. They identified the problem and corrected it. She's all right again and back here, but her family are very upset and say they are considering suing us for mismanagement of her care. As you know, she's on several medications but the one at issue is furosemide, which she has been on for the last 18 months."

"When you say they are thinking of suing us, who exactly do you mean?" asks David.

"All of us – the home, the GP and you."

"Did I supply the wrong medication then?"

"No, the medication was correct and the MAR chart shows that no doses of furosemide were missed."

"So why does the family say I'm implicated?"

"They say that all of us, including you, have failed in our duty of care towards their mother."

David thinks for a moment then says: "Has Mrs Kramer been having regular blood tests?"

"No, she's never had any," the manager replies.

"Then I think I can see where the family is coming from," says David.

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Questions

1. **What is the significance of David's question about blood tests and what is the likely cause of Mrs Kramer's episode of illness?**
2. **Since David has not made a dispensing error, has he failed in his duty of care?**

Answers

1. Furosemide can cause hypokalaemia, which can cause the symptoms Mrs Kramer suffered, and it is recommended that patients have six-monthly blood tests for potassium levels.
2. It could be argued that all parties have a responsibility in this situation. The main clinical responsibility for the patient resides with the GP; he should be aware of the potential for hypokalaemia and order regular blood tests. Nursing staff in the home might also be expected to be aware of the need for tests, or at least a system should be in operation requiring staff to check periodically with the GP on the need for them. David is likely to have far less clinical information about the patient than either the GP or nurses,

and if he was providing just a dispensing service it may be no more than what is in the medication record. However, if David is also conducting clinical medication reviews for patients in the home his responsibility could be judged as equal to the GP's. Even if he is not, given the patient's medication and the level of clinical pharmacy knowledge expected of him, it could be considered his professional duty to check that blood tests are being performed.

(This scenario is based on a workshop case study at a seminar of the Pharmacy Law and Ethics Association (PLEA), held on May 19, 2010.)

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Got an idea for a Practical Approach scenario or like to write one? Email us at: haveyoursay@chemistanddruggist.co.uk

Design factfile

The pharmacy

Primary Care Pharmacy, Nuneaton

The contractor

Michael Burr

The challenge

Converting a three-storey Georgian house

The aim

To move the pharmacy into the 21st century

The cost

£290,000, including robot

The plaudit

Third place, C+D Platinum Design Awards 2010 and a cheque for £1,000



Platinum Design Awards

The big day of pharmacare excellence



in association with CEUTA

Enterprising design

Chris Chapman meets Michael Burr who has created a futuristic pharmacy in Nuneaton



Contractor Michael Burr (left) secured third place in the C+D Platinum Design Awards, 2010, for his Primary Care Pharmacy, pictured above and right. Ceuta chairman David Mair (right) presented Mr Burr with a cheque for £1,000

Michael Burr likens his Primary Care Pharmacy to something out of Star Trek – and it's easy to see why. Stepping through the doors of the Nuneaton premises, you find yourself transported into a world of stylish lines, blue lights and vaulted ceilings. Medicines tumble down looping chutes to the single dispensary counter from the robot upstairs while the pharmacist, stationed between two technicians, oversees proceedings. You half expect to find Mr Spock standing by his shoulder.

In fact, the pharmacy's futuristic design was inspired by a real need to move into 21st century healthcare, Mr Burr says, as he describes the decision to create the premises that claimed third prize at this year's C+D Platinum Design Awards in association with Ceuta Healthcare.

"We were next door, in a really small pharmacy," he says. "We already owned this premises, so we decided to build a massive extension. We were busy [in the old premises], but all the other pharmacists could do better services, which didn't sit right with me, so we did something positive."

Developing problems

But achieving his dream pharmacy wasn't all plain sailing. The new building was a three-storey Georgian period house, which required a complete gutting of the interior to move forward. Worse, the house had low ceilings only seven feet high,

creating a design challenge.

"We had big problems," Mr Burr says. "Changing the building to a pharmacy was a problem. And then it was a conservation area... we had to fit into the Georgian style."

The problems required innovative solutions. The pharmacy has a false door area to conform to period style, and designer Dollar Rae created two mirrored and illuminated dome recesses in the pharmacy's ceiling, increasing the sense of space.

Originally slated to open in January 2008, the fitout over-ran by five months as the pharmacy waited for a dispensing robot to be installed, eventually taking the project time to 18 months.

Key features

"We really wanted a robot," Mr Burr explains, discussing the key features of the pharmacy. "We also wanted one counter, which was unusual. Some of the shops in the Netherlands – fantastic shops – have just one counter... you're being served and items are dispensed at the counter, which in Britain you don't get. We have the pharmacist bang at the front."

The result is one flowing counter, which curves diagonally around the pharmacy's interior, with eight computer terminals to serve patients. At either end doorways lead to the methadone supply and consultation rooms.

"We do a lot of methadone, so we have a methadone room that's quite discreet. Before,



Converting a three-storey Georgian house (top) into a 21st century pharmacy was a challenge contractor Michael Burr and designer Dollar Rae were determined to overcome. A single counter doubles as a workbench (above) and a medicines counter (top left). The second floor houses additional treatment rooms (second down). The robot (third down) caused a five month over-run but is now a key feature

everyone knew what was going on; now you can serve 50 people a day," Mr Burr says. "The consultation room was also important, because we're doing a lot of services now. It's massive – like a GP consultation room."

And the pharmacy doesn't end there, on the second floor the premises include further rooms for treatments such as physiotherapy as well as housing the robot, which provides medicines to the pharmacy down eight delivery chutes. On the third floor of the premises, there is office space and an internet pharmacy.

The robot

The change has seen Primary Care Pharmacy move into a new age of service provision, says Mr Burr. The busy pharmacy now provides all services available through the PCT, with two pharmacists to make sure time can be taken for consultations. Dispensing has become more streamlined, too, allowing the pharmacist more time to talk to patients, Mr Burr adds.

"We basically work on a pod system. We have computers that send things down, and the pharmacist stands in the middle. The two dispensers on either side will get things for you. You're there to say hello to people."

"At the end of the day, it's not the pharmacist doing the run-round. [In the old premises] I'd be typing labels – it was a production line. Here, the customers all know my name." ▶▶▶

Primary Care Pharmacy
1. The original building was a three-storey Georgian house, built in 1820.
2. The building had to be completely gutted and restructured.
3. The building had to be completely gutted and restructured.
4. The building had to be completely gutted and restructured.
5. The building had to be completely gutted and restructured.
6. The building had to be completely gutted and restructured.
7. The building had to be completely gutted and restructured.

Teamwork

With the team working closely together, the project was completed on time and on budget. The team included architect Michael Burr, interior designer Dollar Rae, and contractor Michael Burr. The team worked closely together to ensure the project was completed successfully.

The design challenge: Danny Ray explains how he delivered the Primary Care Pharmacy design

"The main objective was to configure and strategically position the various specialist pharmacy furnishings and components with a balanced, fully co-ordinated, modern, inviting, user-friendly, easy-to-navigate setting.

"In the bespoke, future-proofed design scheme for the relocated pharmacy, a number of features had to be integrated and defined. They include the dispensary, OTC merchandise displays, two private consultation rooms, eight delivery chutes all across the pharmacy from the automatic robot dispenser installed upstairs, and eight computer terminals. There is also an automated medicines dispenser in the entrance lobby, flat screen TVs, touch screen technology, public health information display and a waiting area.

"At the same time, the anticipated volume of scripts to be handled by the dispensary together with the functional space and needs of the differing workflows of the pharmacy and the easy interaction between patients and staff had to be accommodated.

"To help visually expand and add interest to the space, we made extensive use of curves in combination with ceiling recesses, light finishes, light colour palette, low-profile shelving, and uncluttered layout and presentation. The curved wood-effect and tiled flooring was designed to



lead patients and customers through the space and maximise their exposure to the services and displayed merchandise. It has all resulted in a space with a fluid visual appeal.

"The dispensary uses only one counter to double up as both a dispensing workbench and a medicines counter.

"The specification of a black granite countertop helps to lend a feeling of solidity, substance and professionalism, in keeping with the ethical nature of the pharmacy operation."

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on pharmacy design

REFLECT Does my pharmacy present a professional image and support work processes?

PLAN Consider how a refit or smaller layout changes could improve image and work processes

ACT Implement refit or layout changes

EVALUATE Have public image and workflow improved?

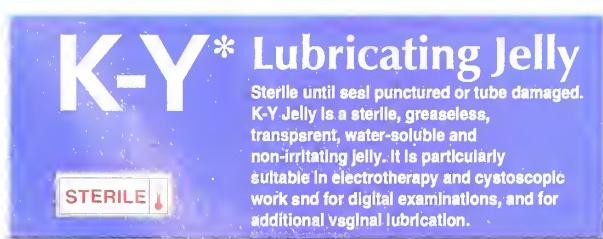


Watch a slide show walkthrough of Phoenix Big 5 Pharmacy at www.henrys藥房magazine.co.uk

Next month: Platinum Design Awards
2010 second prize winner Sutherland's Pharmacy, Orkney

PLUS: Your guide to issues relating to layouts and refits

KY Jelly Sterile: New Prescription Pack Launch



42g & 82g

Now available to order from pharmacy wholesale

Available in 42g and 82g

Trade Prices: 42g - £1.48
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PIP Codes: 42g - 015-1035
82g - 015-1043

CATEGORY FOCUS

Head lice and worming

Grocery is advancing on pharmacy's dominance in the £30m head lice and threadworm categories – **Kathy Oxtoby** explains how to stand your ground

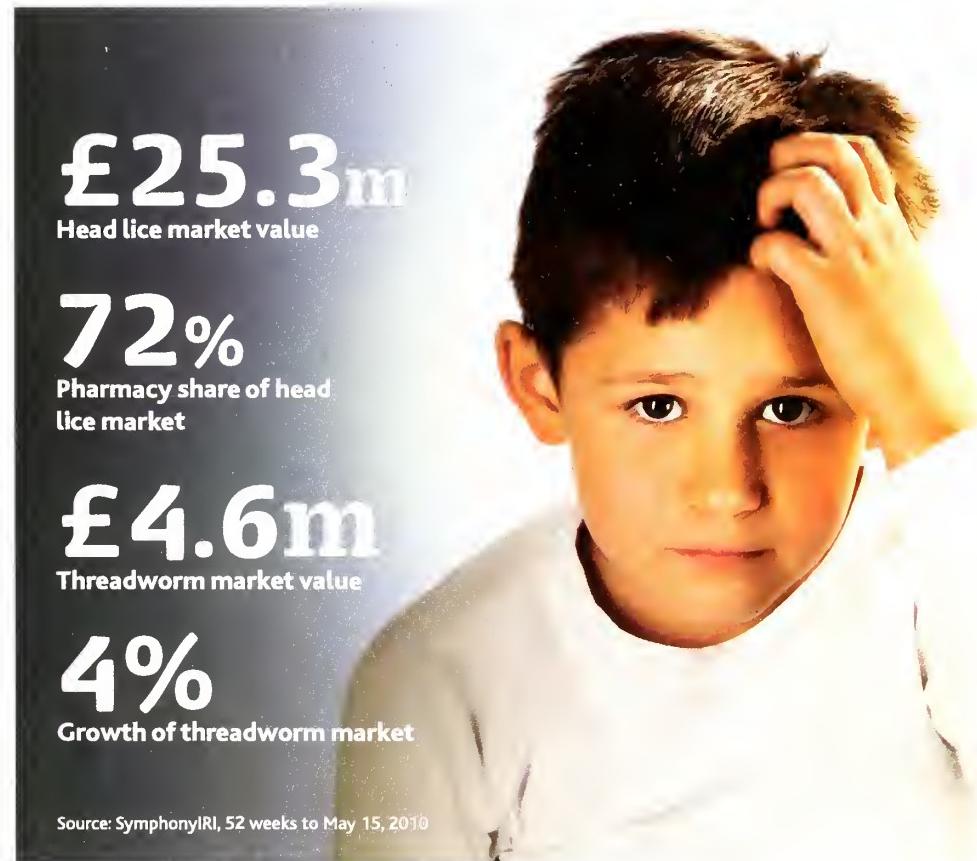
Head lice and threadworms are conditions surrounded by stigma – but growing in prevalence. Every year, around three million people in the UK catch head lice, with one in 10 primary school children experiencing an infestation at some stage, while around 40 per cent of children under the age of 10 may be infected with threadworms at any one time.

The head lice market is worth around £25 million, while the threadworm market is valued at around £4.6m, according to data analyst SymphonyIRI (see Market Insight, p22). Pharmacy is somewhat staving off competition from the grocery sector in the threadworm category, showing growth albeit at a lower level than its rival. However, the grocery sector continues to increase its share of the head lice market – a small growth in contrast to double digit decline in the pharmacy sector.

Despite this competition, there are many opportunities for pharmacists to boost their sales of head lice and threadworm treatments, because they are "ideally positioned" to educate consumers on these conditions, believes Mimi Lau, director of professional and training services at Numark. "The target audience is mothers with young children, and these people already go into pharmacy as part of their community set-up and so would have a rapport with a pharmacist," says Ms Lau.

While pharmacists might be the first port of call for worried parents in need of information about these conditions, research commissioned by head lice treatment brand Hedrin shows the profession could be better informed. In 'Getting ahead of head lice: A study into head lice management in the UK', 71 per cent of pharmacists said they were not up to date with the latest head lice advice, while 67 per cent believed that head lice management advice given to parents was inconsistent.

"There's a lot of mis-information out there. But people see pharmacists as the most important source of advice for head lice, so staff need to be up to speed with this condition," says Caroline Wheeler, marketing manager for Hedrin.



By ensuring staff are fully informed about head lice and threadworms, pharmacy can help to dispel the myths and misconceptions about them. "Customers still have the mindset that the infections are caused by lack of hygiene and dirty living conditions. They need reassurance that the conditions are extremely common, and with medication and hygiene advice can be quickly and easily treated," says Adrian Wilkinson, superintendent pharmacist for Midcounties Co-operative Pharmacy.

Rachel Lewis, pharmacy manager at Lloydspharmacy in Vesper Road, Leeds, says that given these conditions can be "a bit embarrassing for some customers to discuss, pharmacists or healthcare assistants should use the

Best-selling brands: head lice

1. Hedrin
2. Full Marks
3. Lyclear
4. Nitty Gritty
5. Derbac M
6. Own label
7. Nyda
8. Escenti
9. Nice 'n clear
10. Safe & Sound

Total market. Source: SymphonyIRI, 52 weeks to May 15, 2010

consultation room as necessary to give advice to customers". Having leaflets on display at the front of the counter can also help to make the pharmacy a more approachable place for customers to find out more about these conditions, Ms Wheeler suggests.

Pharmacists should stock a comprehensive range, which includes market leaders and innovation within the category, says Emma Charlesworth, retail excellence manager for Numark. "Ensuring the consumer is given a choice of treatment options from wet combing to mousse, liquid to lotion, is more likely to lead to a purchase and prevents them from going elsewhere to make a selection," Ms Charlesworth says. She suggests considering merchandising treatment shampoos such as tea tree or medicated shampoos alongside head lice products to encourage a link sale.

Managing head lice and worm conditions is not just about selling products but also prevention,

Market Insight: Head lice and worming

Pharmacy still controls almost three quarters of the head lice treatment and management market, which has declined by over 7 per cent in the past 12 months. However, grocery is gaining share, gaining 2 per cent in its market share value, compared to a decline of over 10 per cent in pharmacy.

The threadworm treatment market, led by the Ovex brand, is in growth of almost 4 per cent. Pharmacy has a market share of more than four fifths, and the value of this is growing by 2.5 per cent. But grocery is again advancing on market share, its value increasing by over 10 per cent.

Market changes 2009-10 Head lice

Total market value		£25,275,360	7.4%
Pharmacy		£18,278,284	10.6%
Grocery		£6,967,832	2.2%

Threadworm

Total market value		£4,585,954	3.9%
Pharmacy		£3,670,415	2.5%
Grocery		£915,484	10.3%

Source: SymphonyIRI,
52 weeks to May 15, 2010

SymphonyIRI
Innovation. Innovation.
Impact

stresses Boots pharmacist Angela Chalmers, from the multiple's Holloway Road, London branch. "It's easy when you're busy just to sell over the counter, but we also need to do health promotion and prevention and give tips on how to get the best out of treatment and stop these conditions happening again," she says.

Ms Lau says pharmacists can add value to patients requesting help with lice infestations by counselling them fully on detection and treatment options, so patients understand how to use combs and products correctly. "In general, the high failure rates for all methods of lice removal are often directly related to poor patient compliance - often not applying enough insecticide or failing to repeat the application or failure to follow the correct combing guidelines," she says.

Pharmacists should consider positioning head lice and worming products within the children's medicines category rather than within a category on their own, Ms Charlesworth advises. "This will help customers self-select when purchasing a GSL product and assist in navigation on the P category, helping to make the various ranges more visible," she says. Associated products should be displayed together, for example, nit combs alongside the head lice products, suggests Ms Lewis.

Pharmacists could consider creating a 'family health' section for products that treat both head lice and threadworms, advises Prima Deb,

pharmacist training officer for the NPA. She says sales of these medicines are likely to be higher during term time, and that it may be worth putting a poster in your pharmacy window advertising that you provide advice and treatment during September and October when these conditions are more prevalent.

It may also be worth asking a local school if they are happy for you to talk to children about head lice and threadworms or to organise a talk with parents at the school who are worried, she suggests.

Kaye Devlin, branch manager of the Co-operative Pharmacy in Craigentinny, Edinburgh, says staff at the pharmacy have a good relationship with local schools and make them aware of treatments available, which also helps boost local relationships in the community.

"If you build up relationships with schools you will have a good relationship with customers who won't mind asking you about these conditions because they know they will have a confidential service," she says.

For pharmacy, helping customers to tackle head lice and worming effectively is not just about bug-busting but also about myth-busting. As Ms Chalmers says: "Judge your customers on a case-by-case basis, look at the levels of confidentiality they need and try to bust the stigma surrounding these conditions." ►►►

Product Watch

Vosene Kids 3-in-1 Conditioning Shampoo and Leave-in Spray

Manufacturer:

Lornamead UK

Classification:

Cosmetic

For: Prevention of head lice

Active ingredients:

Tea tree oil and lemon eucalyptus

What's new? An integrated campaign including radio

advertising and PR is planned for September

Contraindications: Avoid contact with eyes.

Leave-in spray: tea tree aroma may affect epilepsy and acute asthma sufferers; avoid inhalation; not suitable for children under three years

www.vosene.co.uk, tel: 01276 674000

Email: consumer.relations@lornamead.co.uk



Format/pack size: Conditioning Shampoo 250ml; Leave-in Spray 150ml

Pip code: 340-0058; 340-0066

RRP: £2.49

Hedrin Once Liquid Gel and Spray Gel

Manufacturer:

Thornton and Ross

Classification:

Medical device

For: The treatment and management of head lice

Active ingredients:

Hedrin Once is a silicone-based (dimeticone) lotion that effectively kills lice by smothering the insects and disrupting their ability to manage water.

What's new? The August launch of Hedrin Once will be supported by the brand's largest ever PR and TV advertising campaign.

www.hedrin.com, tel: 01484 842217

Email: hedrin@thorntonross.com



Format/pack size: Spray Gel 60ml, 100ml; Liquid Gel 100ml, 250ml

Pip code: 346-7180; 346-7172; 346-7164; 354-2073

RRP: Spray Gel £6.99/60ml, £11.49/100ml; Liquid Gel £9.99/100ml, £17.49/250ml

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TV CAMPAIGN
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ONCE!

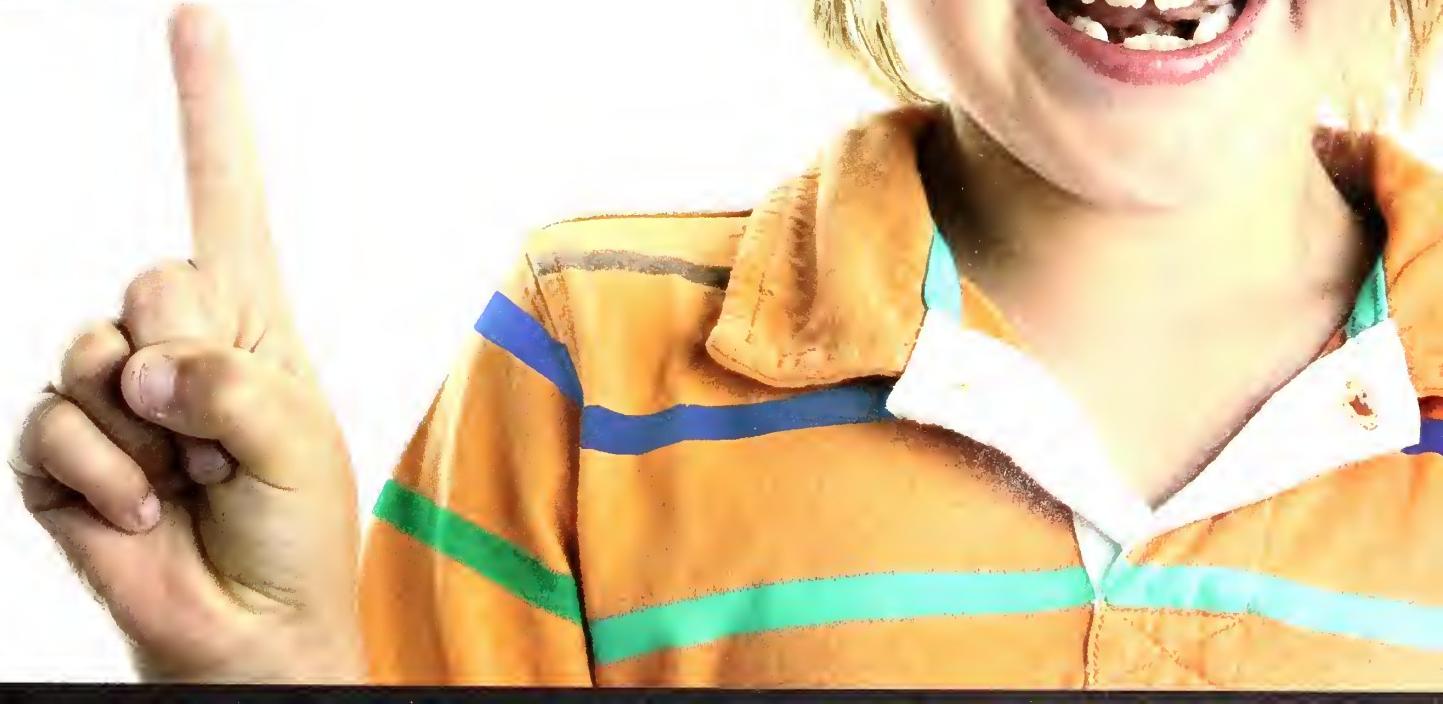
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treatment does the job.**

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No pesticides. No laborious combing.
So now, there's really only one
treatment to recommend.

**USE YOUR HEAD
USE YOUR HEDRIN**



Brand Watch: Hedrin

Hedrin ranks number one in the top 10 branded head lice ranges sold by pharmacy listed by data analyst SymphonyIRI (see p21), and is worth just over £8 million in retail sales.

Last year Hedrin spent more than £2m on advertising, and says of all the head lice brands it has invested the most in TV promotion. At the end of this month the brand will be running its biggest TV campaign to date to support the launch of Hedrin Once liquid gel and spray gel.

Last year, Hedrin supported a project called 'Beat the Bugs', which united a local primary school in Northampton, its parents and local pharmacy to limit head lice among the community. The project was designed to raise awareness among parents of the need to check regularly to control head lice outbreaks, and was launched as part of a national educational campaign called 'Once A Week, Take A Peek'. At the end of the project – which ran for a term – 88 per cent of parents surveyed said they felt better informed about head lice treatment and prevention.

Caroline Wheeler, Hedrin marketing manager, says: "Our goal was to raise awareness of the need to check for head lice regularly in order to control its spread, while also showing that having lice is nothing to be either embarrassed or ashamed about."

Case studies: treatments and advice

**BOOTS,
CHELTENHAM
MILAK RAHMAN**
The branch manager shares his experience of tackling head lice and threadworms



Head lice

Head lice tend to be more prominent in young children. Parents should look out for black dust on pillow cases, and for eggs – which look like little white dots – that may be on the hair, close to the scalp. To show up nits or eggs parents should comb conditioned hair using a nit detection comb. The conditioner helps make it easier for nits to come off and the comb helps to see if any head lice are there.

Overnight treatments tend to be better because they are on the hair longer and they kill off lice as well as the eggs. There are also 10 or 15 minute preparations, which either have an alcoholic or an aqueous base. Pharmacy staff should check whether the child suffers from sensitive skin problems or asthma, as certain alcohol-based preparations can set off a reaction in small children.

Pharmacists should stress the importance of following treatment directions as failure to do so is often a cause of re-infestation.

Threadworms

The biggest cause of threadworms is uncooked meat – usually pork-related meats – and they tend to occur in children. Worms can be in the gut but also pass out in the anal passage. If a child scratches their back passage and their hand goes back in their mouth the whole cycle of threadworms starts again.

Common symptoms will be an itchy anal passage, diarrhoea and constipation and white strands in the faeces.

One solution is an anthelmintic preparation, which kills off the worm in a one-off dose. Treatment can be taken either in a tablet or liquid form, and if needed a second treatment can be applied after two weeks. If threadworms are identified then the whole family should be treated.

To prevent threadworms you should advise that all meat should be cooked properly. Children shouldn't scratch their back passage and they should wash their hands before eating and be discouraged from sucking their thumbs.

**MIDCOUNTRIES CO-OPERATIVE PHARMACY,
PENNFIELDS
SAMIAH TAMBRA**
Prominent displays, awareness days and information leaflets can all help to boost your head lice and worming business, advises the branch manager

Enhance your product layout

The pharmacy recently had a refit, which has opened the shop area more and allowed us to better highlight some areas, like head lice and threadworm treatments, for which we have a special display. We also have Perspex in front of P categories like threadworm to make products more visible to customers.

Take part in awareness campaigns

Make use of the back to school period and awareness days. Every year Wolverhampton PCT has a week's head lice awareness campaign, which we take part in, and this year we also got involved in a threadworm campaign sponsored by Pripsen.

We put a table out in the pharmacy area

Brand Watch: Full Marks

With sales of around £7 million, Full Marks is number two in the branded head lice product hierarchy according to data analyst SymphonyIRI (see p21). Last year, Full Marks ran an advertising campaign both on TV and in the professional press to raise consumer and pharmacy awareness of the brand and the benefits of its '10 minute treatment cycle'.

Full Marks also runs a campaign called 'The Facts of Lice'. "The campaign features an animated character Tom - a young boy who helps to introduce the topic of head lice and how it can be treated, in a non-threatening way," explains Mark Critchley, UK marketing director for Full Marks manufacturer SSL International.

As part of the initiative, Full Marks offered in-store support for pharmacies, providing leaflets and point of sale units. To help support pharmacy in tackling head lice, Full Marks offers a training module for pharmacists and assistants, which counts towards CPD, and it also runs conferences on the issue to raise awareness and promote best practice.

Last year, Full Marks Solution Spray was launched in response to consumers' demand for a spray treatment, and Mr Critchley says the brand will continue to look at "new and innovative ways to make it as easy as possible for people to treat head lice".

featuring information on these conditions, and get all our staff together to make sure they're up to speed on what advice to give customers and on what current treatments are on offer. We have had good feedback from these awareness days and they have boosted sales.

Educate parents

Pharmacists are well-placed to educate parents on how to check for head lice and threadworms and on what treatments are available. Parents also need advice on preventing an infestation reoccurring. Leaflets on display in the pharmacy also help inform customers about these conditions.



Ensure staff are fully trained

Head lice and worming are sensitive areas for customers so staff need to be fully trained on how to help. Staff need to be discreet, and should offer those customers who are uncomfortable talking about these conditions the opportunity to have a chat in a private consultation room.

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on head lice and worming

REFLECT Are my patients getting the most out of head lice and threadworm treatment and management products?

PLAN Review my and my staff's knowledge and sales protocols

ACT Read this article, revise head lice and threadworm, review available products and arrange training if necessary

EVALUATE Do my patients get better advice on treating and managing head lice and threadworm?

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The management of angina
A guide to the causes, symptoms, diagnosis and treatment of angina

Russell Greene MPharm

Angina must be seen in the context of the spectrum of cardiovascular disease caused by obstruction in the coronary arteries. It can potentially affect vessels in any part of the body, although the heart is a prime target. As plaque builds up there is progressive reduction in blood flow (stenosis), for example, during normal function (normal stress), chronic, short-term reversible attacks when a muscle's requirement for oxygen increases (e.g. exercise, angina). Lastly, a sudden blood clot (thrombus) can be triggered, causing complete and irreversible blockage in a major or impaired artery (MI). The term 'achieveable' refers to the potential blockage that can occur if a thrombus is removed. Angina is usually relieved by anti-anginal drugs, notably nitrates, which widen the coronary arteries. However, specific preventative measures, however, probably affective, depend on the underlying cause. For example, smoking, hypertension, diabetes, and high cholesterol all contribute to atherosclerosis, which is a major risk factor for heart disease. Plaque formation in an arterial lining, possibly due to small-scale damage, can result in a build-up of plaque, which narrows the lumen. When there is a narrowing of the lumen, blood flow is reduced. During exercise, the heart needs more oxygen, so the blood vessels dilate to increase blood flow. If the vessels are narrowed, the heart does not receive enough oxygenated blood, leading to pain. This is called angina pectoris. There are different types of angina, such as stable and unstable angina. Stable angina is predictable and occurs with exertion or emotional stress. Unstable angina is unpredictable and can occur even at rest. Other types of angina include variant angina, which occurs at night, and microvascular angina, which is caused by small blood vessels in the heart muscle becoming blocked.

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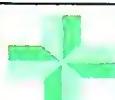
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Postscript...

The first stop-smoking leaflet ever written?

You may think stop-smoking leaflets are a modern development, but they go back about as far as puffing on a pipe, Postscript can reveal.

Crawling across the web for medical oddities, we stumbled upon probably the first ever stop smoking leaflet – A Counterblaste to Tobacco – penned by none other than King James I of England (and VI of Scotland), way back in 1604.

"Have you not reason then to be ashamed and to forbear this filthy novelty, so basely grounded, so foolishly received and so grossly mistaken in the right use thereof?" the King demanded in his rant, which complained of the "perpetual stinking torment" he suffered.

The King made it clear he had no time for people who thought smoking was healthy too.

"If a man smoke himself to death with it (as many have done) then some other disease must bear blame for that fault," James hissed sarcastically.

"So do old harlots thank their harlotry for their many years that custom being healthy, but never have mind how many die of the pox, and so do old drunkards think they prolong their days by their swine-like diet, but never remember how many dies drowned in drink before they be half old."

Smoking was "a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fume thereof nearest resembling the horrible stygian smoke of the pit that is bottomless," the King concluded.

Unfortunately for poor King Jim, nobody took a blind bit of notice to his rant. However, James did manage to get one book off the ground: in 1597



James I: King, smoking counsellor, witch hunter

he wrote Daemonologie – an 80-page book on how to spot witches. Well, being right half the time isn't too bad...

Sun, sand and C+D

It's the height of the holiday season, and while a large chunk of you have probably already jetted off, Postscript thought it would give those who've had to work throughout July a chance to win some more of our junk. Uhm, we mean prizes.

Here's the deal: we want a photo of you on your hols, clutching your treasured copy of C+D. Prizes are up for grabs for the photo taken the furthest away from the C+D office in London, the highest (not including on board an aeroplane), and the one that makes us laugh the most. Winners will get a coveted C+D mug.

Send your snaps to us at postscript@chemistanddruggist.co.uk by mid-September for your chance to win.



A social tweet

From fame to brain, join the debate at www.twitter.com/chemistdruggist



@CandDChris: Going to walk down to my local pharmacy to pick something up this morning. Wonder if I'll be recognised from C+D front cover. Eep! Fame!

@GaryParagpuri: @ChemistDruggist team will be locked in online strategy day today. Looking forward to hearing their fab ideas. Must get brain snacks too

@CandDZoe: Good news on pseudoephedrine sales but agree with the NPA on complacency being a risk. Predictions on when the MHRA will review again?



@The Web Hunter

"There's a woman on the line who can't log in, can I put her through?" is something I've experienced a lot since moving into online journalism a few years ago.

I'm not sure when web editors (or indeed digital content editors) became customer service, but it strikes me that it is a bit of a waste of my valuable time.

So here's a rough bit of maths. Say I earn close to the salary of your average pharmacist – let's say £42,000 a year, about £2,600 a month take-home pay. If I work an eight hour day, I would earn something like £16 an hour.

Now, say I spend an hour a day just on routine customer support. That's £320 a month, or £3,840 a year – and would cost my business closer to £4,500 once you include tax as National Insurance.

Routine customer service can be a large cost to a business if it is carried out by a highly skilled expert like me.

So what if I came up with a system or machine that carried out routine customer support, so I could concentrate on what really matters: assessing my readers' needs and providing value-added services to the people I serve?

You can see this is a logical idea and makes good sense from a business perspective, and I'm sure that my fellow online editors would agree that freeing up my time is a good thing.

So I don't understand the furore created among pharmacists over a prescription vending machine that frees up Sainsbury's pharmacists time to focus on MURs and other services.

The only problem I can see is if that cost saving just goes into the bottom line, rather than being invested in additional services.

Niall Hunt is C+D's digital content editor. Is he spot on or missing the point? Share your views at www.chemistanddruggist.co.uk

Last week's top stories on C+D's website

1. Superdrug halves dispensing charge and also scraps mark-up
2. Sainsbury's responds to C+D readers' fears over vending machines
3. Sainsbury's trials instore prescriptions vending machines
4. Anger at Sainsbury's vending machines
5. Clinical Quiz: a new case of facial spots

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